

The Social Issues Behind the Major Health Problems  
In the United States

By  
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Apparently this symposium had been planned with the new Bush team as speakers. I was preceded by Dr. James Mason, who discussed the issues having to do with Science and Health and he was to have been followed by the new Secretary of Health and Human Services, Dr. Louis Sullivan, who apparently backed out and my role shifted from that of presiding officer of this section of the symposium to being the substitute for Dr. Sullivan speaking on the social issues behind the health problems of the day.

I started by declaring that the doctor/patient relationship was a social problem and had been deteriorating rapidly in past decades. Then I turned by attention to the growing competition between the advocates for the elderly and the advocates for children with the understanding that however successful either group was, they would be contending for a small slice of an ever shrinking pie.

I’m not sure how it stacks up as a social issue, but I got into the economics of health care, which are certainly not science and medicine and pointed to some of our problems in our not freely competitive market that has no moderating controls working on behalf of the patient.

This led to a social issue, which I don’t think anyone would argue about, is the effect of the family on some of the issues in health. This, of course, led to the conclusion that the health care system in American today is a terrible moral burden for society to bear in that the system does not respond at all to some 12 to 15 per cent of our population of families, which then led to the aging of America.

Then because of the title of this symposium, I closed with a few words about the church and the churches. I started talking about the difference between social welfare and a social gospel. I talked about what I saw as some of the obvious gaps in the outreach of the church, which led to a discussion of three major ethical issues that were very much a part of the social belief system and political activities of the churches: abortion, the care and feeding of handicapped children, and the plight of the elderly that too often leads to a discussion of euthanasia.

Again, this is very much a transitional speech from being Surgeon General to resuming a place as a public servant in the private sector. But it is an essential part of knowing where I stand on the issues behind me and before me at the time of this transition.